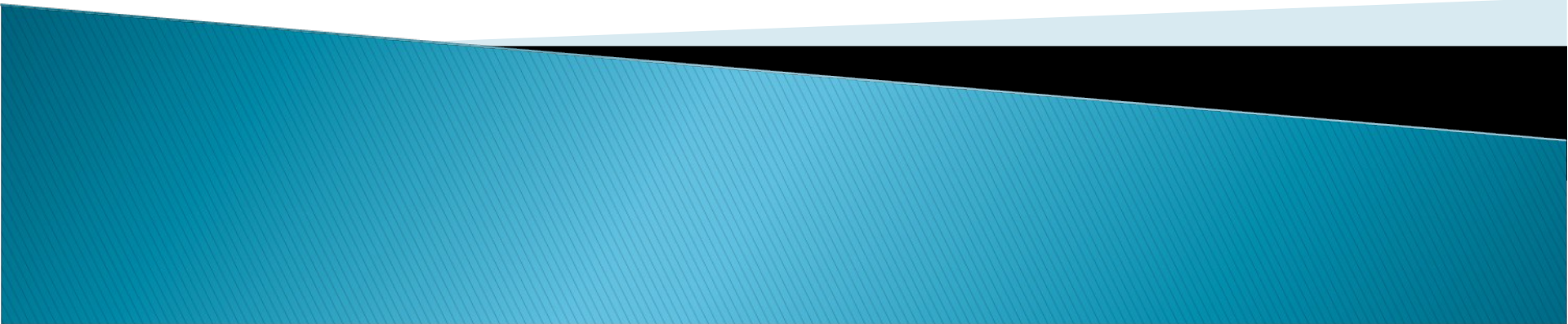


# Claims Intake



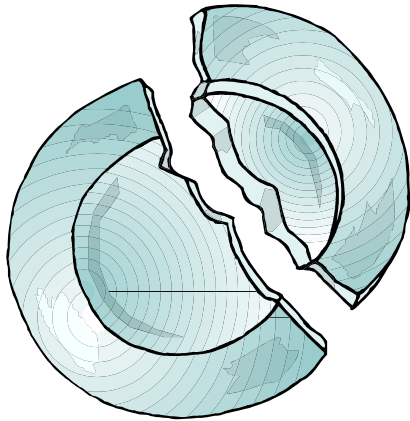
# Household Goods and Unaccompanied Baggage Claims

- ▶ Filing a claim for loss or damages to a household goods or unaccompanied baggage shipment is a **two step** process.

# Household Goods and Unaccompanied Baggage Claims

- **1<sup>st</sup> Visit**
  - Intake DD Form 1840/1840R
  - Explain filing procedure
  - Dispatch DD Form 1840/1840R
  - Include FRV waiver if claimant declines FRV
- **2<sup>nd</sup> Visit**
  - Intake Claim
  - Log Claim In Personnel Claims Database

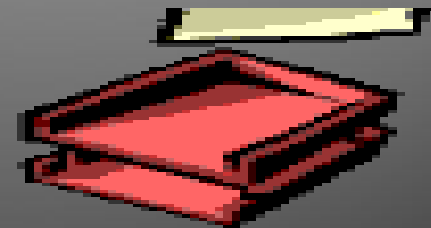
# 1<sup>st</sup> Visit



- Ensure claimant is a proper claimant under AR 27-20 (11-4).
  - Basically, ID card holders.

# Full Replacement Value

- ▶ New DOD program makes carrier liable for FRV
- ▶ Claimant has option to file with carrier for FRV or with government
- ▶ Claimant has 9 months to file with carrier
- ▶ If claimant declines FRV have them complete the waiver
- ▶ On the information sheet be sure to fill out the carrier info block



# DD Form 1840

## NOTICE HAS BEEN GIVEN FOR THESE

# ITEMS!

Obvious Loss or  
Damage must be  
listed on DD Form  
1840 (PINK FORM)  
at the time of  
delivery.

- ▶ The movers will  
sign in  
acknowledgement  
and take the  
original copy.

JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY <i>Privacy Act Statement</i>			
<b>AUTHORITY:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, December 19, 1950 (NSN).			
<b>PRINCIPLE PURPOSE(S):</b> The information requested is to be used in evaluating claims.			
<b>ROUTINE USE(S):</b> The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.			
<b>DISCLOSURE:</b> Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.			
<b>GENERAL INSTRUCTIONS:</b> The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.			
<b>SECTION A - GENERAL (To be completed by carrier/contractor)</b>			
1. NAME OF OWNER (Last, First, Middle Initial) Claimant, Joe	2. SOCIAL SECURITY NO. 123-45-6789	3. RANK OR GRADE SGT	4. NET WT OF SHIPMENT 2,500
5. ORIGIN OF SHIPMENT (City and State/Country) Richmond, VA		6. DESTINATION OF SHIPMENT (City and State/Country) Heidelberg, GE	
7. PPGB/ORDER NUMBER AP-123456	8. PICKUP DATE 22 Jun 02	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR BC&D FORWARDERS INTERNATIONAL, INC. P.O. BOX 4475 BURLINGAME, CALIFORNIA 94011-4475	
10. CODE OF SERVICE 4	11. SCAC HCBF	12. CARRIER/CONTR REF NO. FP-123 SUB-1	
<b>SECTION B - RECORD OF LOSS OR DAMAGE (To be completed jointly by member and carrier's/contractor's representative)</b>			
13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.			
a. Inv. No.	b. Name of item	c. Description of loss or damage (If missing, so indicate)	
3	Sofa	(Ethan Allen) Torn on back, Leg Missing	
10	Curio	(Ethan Allen) Front Glass door Missing Shelf Broken	
36	29' Sony T.V.	Back Casing Cracked, Front Bottom Left Corner Bate	
45	Cd's (30)	Missing	
64	Dirt Devil Hand Vacuum	Missing	
14. ACKNOWLEDGMENT BY MEMBER OR AGENT (X and complete as applicable and sign below)			
a. I received my property in apparently good condition except as indicated above. A continuation sheet <input checked="" type="checkbox"/> was <input type="checkbox"/> was not used			
b. Unpacking and removal of packing material, boxes, cartons, and other debris. <input type="checkbox"/> is <input checked="" type="checkbox"/> is not waived			
c. I estimate the amount of my loss and/or damage at \$ 2,000.00			
d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.			
e. Telephone Number 04221-332211			
f. Date Signed 27 Aug 02			
g. Signature Joe Claimant			
15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE (X and complete as applicable and sign below)			
a. Property was delivered in apparently good condition except as otherwise noted above.			
b. I will initiate tracer action for missing items.			
c. Name of delivering carrier/agent/contractor NORDBADISCHE TRANSPORTE LESSINGSTR. 45 69124 EPELHEIM			
d. Storage in transit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
e. Signature			
f. Date Signed			
DD Form 1840, JAN 88 10001			
Previous editions are obsolete.			
PAGE 1 OF 1 Copy 1 (Original) - Carrier			



- ▶ Damage or Loss discovered after the movers leave has to be listed on the reverse side of the **PINK FORM** (DD Form 1840R).

DD Form 1840R, JAN 88  
117011

# DD Form 1840R

**Section B must be properly filled out by office personnel**

**3a. Copy the carrier's info from block 9 of DD Form 1840.**

**3b. Should be today's date.**

**4a. Stamp is located at the front desk.**

**4b. Your signature**

**4c. Today's date**

**4d. Civilian number, not DSN.**

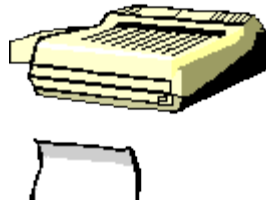


# DD Form 1840R



- ▶ Remember to check the delivery date in block 15f on DD Form 1840. Claimants only have **70 days** to give notice of new loss or damage.

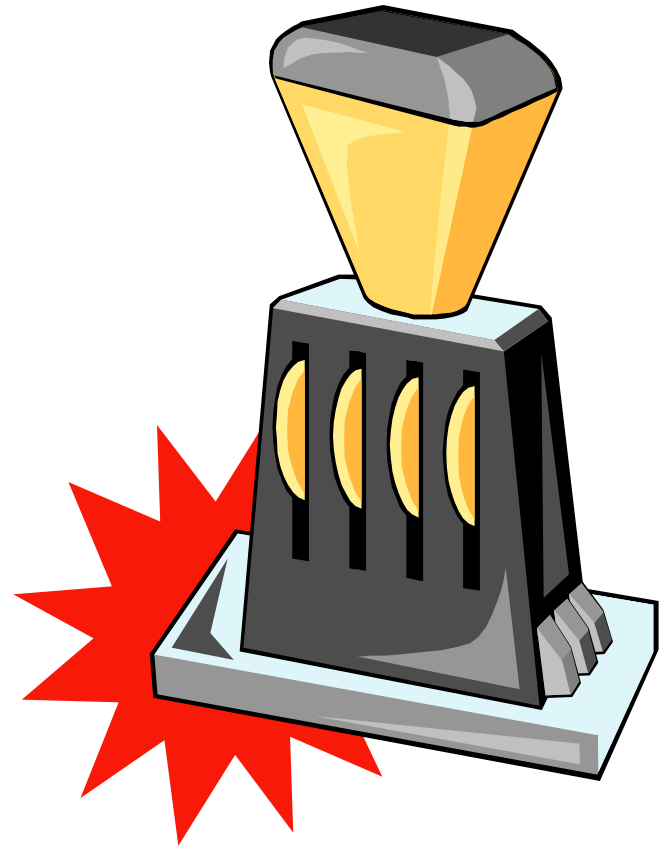
# DD Form 1840R



- ▶ If the claimant has come in on or near his 70<sup>th</sup> day, fax DD Form 1840/1840R to the carrier directly, so that timely notice is given.

# DD Form 1840R

- ▶ Be sure to stamp each copy of the DD Form 1840R with the “Received/Date” stamp.



# DD Form 1840R



- ▶ Stamp or write on the DD Form 1840R with “I estimate my total loss or damage to be \_\_\_\_\_” and have the claimant fill in an amount and sign next to it.

# Forms

- ▶ Go over the forms needed to file an actual claim. Answer any questions they have and try to explain the whole process to them, including the whys of it all. If they understand why, it's more likely that they'll turn in a correct packet.

# A Complete Claim

- ▶ DD Form 1840/1840R
- ▶ DD Form 1842
- ▶ DD Form 1844
- ▶ Private Insurance Statement or Settlement
- ▶ Orders
- ▶ GBL
- ▶ Original Inventory
- ▶ Estimates of Repair or Replacement Costs
- ▶ Photos of Damage (if available)
- ▶ FRV Waiver (upon declination of FRV)

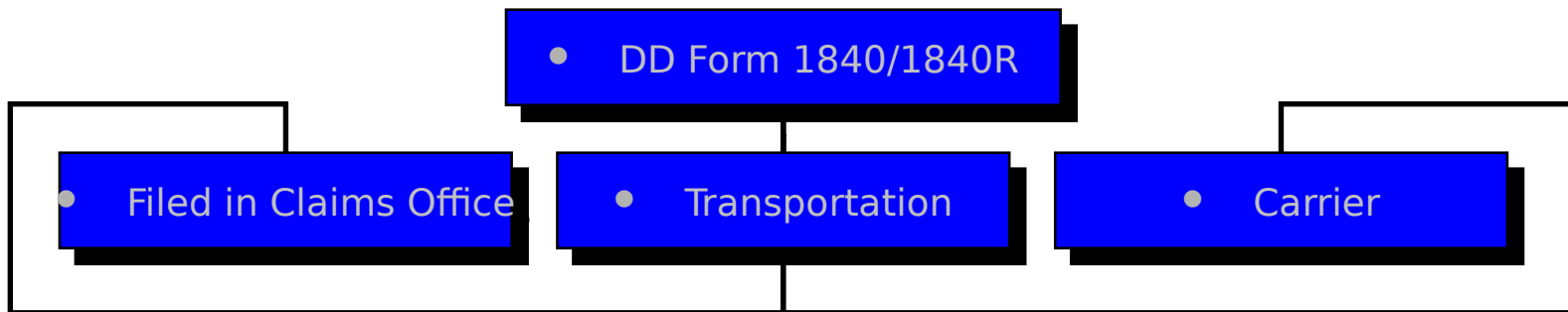


# Dispatch

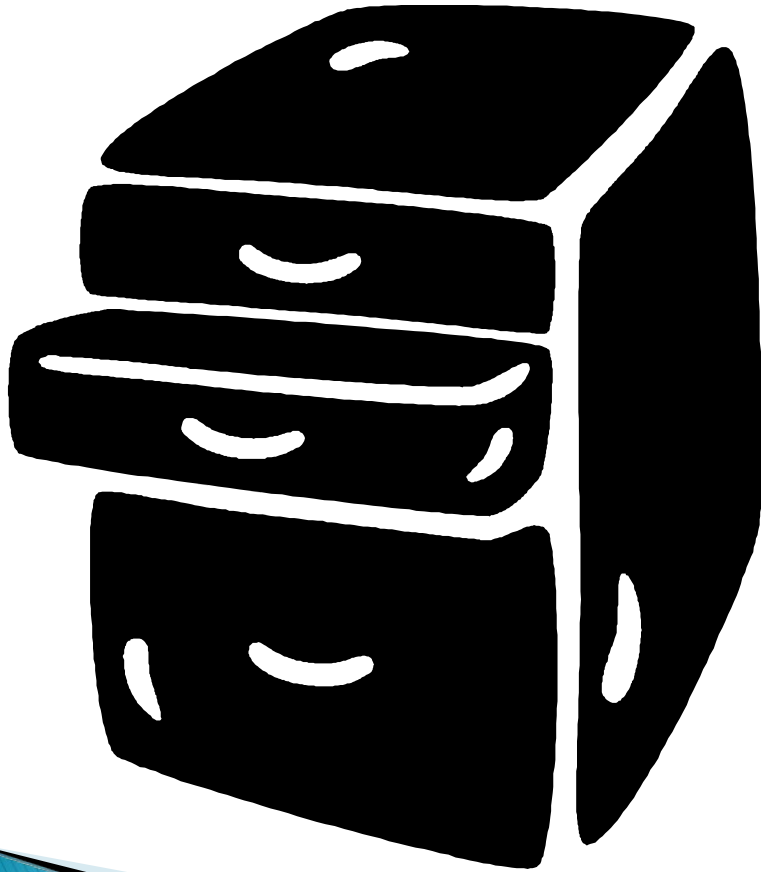
- ▶ Send the claimant on their way with forms in hand and get to work dispatching.



# Dispatch



# Dispatch



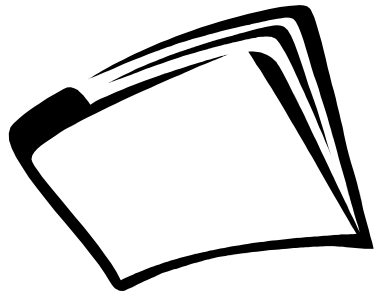
- ▶ File a copy of the DD Form 1840/1840R in the filing cabinet alphabetically. Attach any other forms submitted by the claimant at intake.

# Dispatch

- ▶ Send the original to the carrier. You can find their address in block 9 of DD Form 1840 or on the Internet at [www..](http://www..)
- ▶ Remember that the letter must be postmarked by the **70<sup>th</sup> day**.



## 2<sup>nd</sup> Visit



- ▶ The claimant has 2 years from the date of delivery to return to the office to file their claim.
- ▶ If they are late, explain to them that the statute of limitations cannot be waived.

# A Complete Claim

- ▶ DD Form 1840/1840R
- ▶ DD Form 1842
- ▶ DD Form 1844
- ▶ Private Insurance Statement or Settlement
- ▶ Orders
- ▶ GBL
- ▶ Original Inventory
- ▶ Estimates of Repair or Replacement Costs
- ▶ Photos (if available)



# DD Form 1842

- ▶ Ensure all requested information has been provided.
- ▶ Check for an amount in block 9.
- ▶ Ensure that form is signed and dated.
- ▶ Date stamp the DD Form 1842.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, JOSEPH X.	2. BRANCH OF SERVICE U.S. Army	3. RANK OR GRADE GG-11	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) CMR 420 Box 10 APO AE 09063		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) HDMID, 66th Military Intelligence Group	
7. HOME TELEPHONE NO. (Include area code) (+40) 522-	8. DUTY TELEPHONE NO. (Include area code) (314) 370-6	9. AMOUNT CLAIMED \$950.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) Pursuant to orders transferring me from Ft. Bragg, N.C. to Heidelberg, Germany, my household goods were packed by Cape Fear Moving and Storage Inc. on 28 September 1998. The carrier/contractor for the move of my household goods overseas was Evergreen Forwarding. My household goods were delivered to my quarters in Heidelberg on 3 June 2002 by Gosselin GmbH. Exceptions were noted at the time of delivery on the DD Form 1840. Subsequent damage found after the carrier departed my quarters was noted on the DD Form 1840 filed on 25 July 2002. My property was shipped under Government Bill of Lading JP290320.			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<input checked="" type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<input checked="" type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input checked="" type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input checked="" type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (Indicate name of agent) 			18. DATE SIGNED (YYYYMMDD) 1 OCT 2002
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one) a. SMALL CLAIMS b. REGULAR CLAIMS		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$	
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

DD FORM 1842, MAY 2000 PREVIOUS EDITION IS OBSOLETE. USAPA V1.00

# DD Form 1844

1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, JOSEPH X.			3. PICK-UP DATE (MM/DD/YYYY) 1998/08/27		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE															
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (MM/DD/YYYY) 2002/06/03		14. OWNER CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET W/ MAX CAR LIABILITY									
a. NAME N/A			b. POLICY NO.		15. INVENTORY DATE (MM/DD/YYYY)		18. EXCEPTION SHEET DATA (MM/DD/YYYY)		23. GEL NUMBER		24. LOT NUMBER									
6. 7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")			8. 9. ORIGINAL COST INV NO.		11. AMOUNT CLAIMED & Repaired (or) b. Replaced 10. MM/YYYY PURCHASED 11. Repaired 12. Cost		15. EXCEPTIONS		18. NO. CO. EXCEPTIONS		25. AMOUNT ALLOWED		26. INDICATORS/REMARKS		27. ITEM CAT		28. WAREHOUSE LIABILITY		29. CAPABLE LIABILITY	
1	1	Dining room tabletop made of cherrywood. Light scratches on surface	8	2300.00	480.00	06/1997														
2	2	Dining room table legs made of cherrywood. Deep gouges and scratches.	9	2300.00		06/1997														
3	1	Dining room hutch top made of cherrywood. Deep gouges and scratches.	10	2300.00	120.00	06/1997														
4	1	Dining room hutch bottom made of cherrywood. Deep gouges and scratches.	30	2300.00		06/1997														
5	1	Oak wood desk. Damage is from tape bing placed on exterior. Tape melted on the surface on tore away part of surface when tape was removed. Sags in middle from items being stacked on it for long period	27	550.00	350.00	05/1995														
12. REMARKS			13. TOTAL \$		15. TOTAL AMOUNT ALLOWED \$		18. THIRD PARTY LIABILITY \$		21. THIRD PARTY LIABILITY \$		24. THIRD PARTY LIABILITY \$		27. THIRD PARTY LIABILITY \$		30. THIRD PARTY LIABILITY \$		33. THIRD PARTY LIABILITY \$		36. THIRD PARTY LIABILITY \$	
			950.00																	

DD FORM 1844, MAY 2000

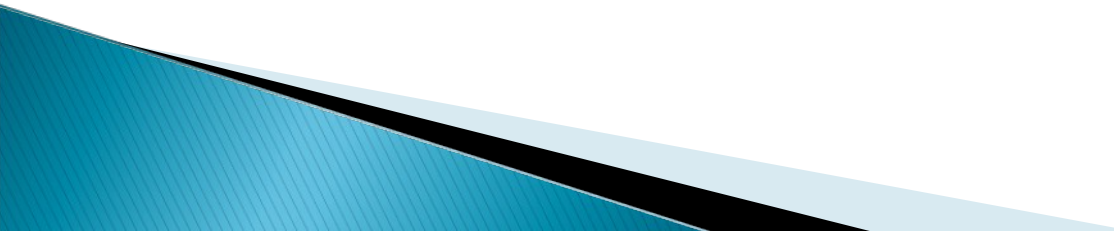
PREVIOUS EDITION IS OBSOLETE.

Page of Pages

- ▶ The itemized, detailed portion of the claim.
- ▶ This is the most important piece of the claim for adjudicating. Take the time to ensure that it has been filled out correctly.

# DD Form 1844

## ▶ Column 7:

- Item description should be specific and match the inventory description.
  - Damage description should be detailed, not simply, “broken.”
  - If scratched, where? How long?
  - Cracked, destroyed, bent, etc.
  - The more specific the description, the easier it is for the adjudicators to accurately picture the item and its damage.
- 

# DD Form 1844

- ▶ Take the time to compare DD Form 1844 with DD Form 1840 and the inventory.
  - Was the item listed on the DD Form 1840/1840R? If not, proper notice was not given and the item claimed cannot be paid.
  - Make sure each item is listed separately (head board separate from bed).

# DD Form 1844

- ▶ Take the time to compare DD Form 1844 with DD Form 1840 and the inventory.
  - Make sure the amount claimed is in dollars.
  - Is the item claimed on the inventory where the claimant says it is? If not directly listed, is it reasonably related to the item that is listed? If not, have the claimant write a statement explaining or find the item somewhere else on the inventory.

# Missing Items Statement

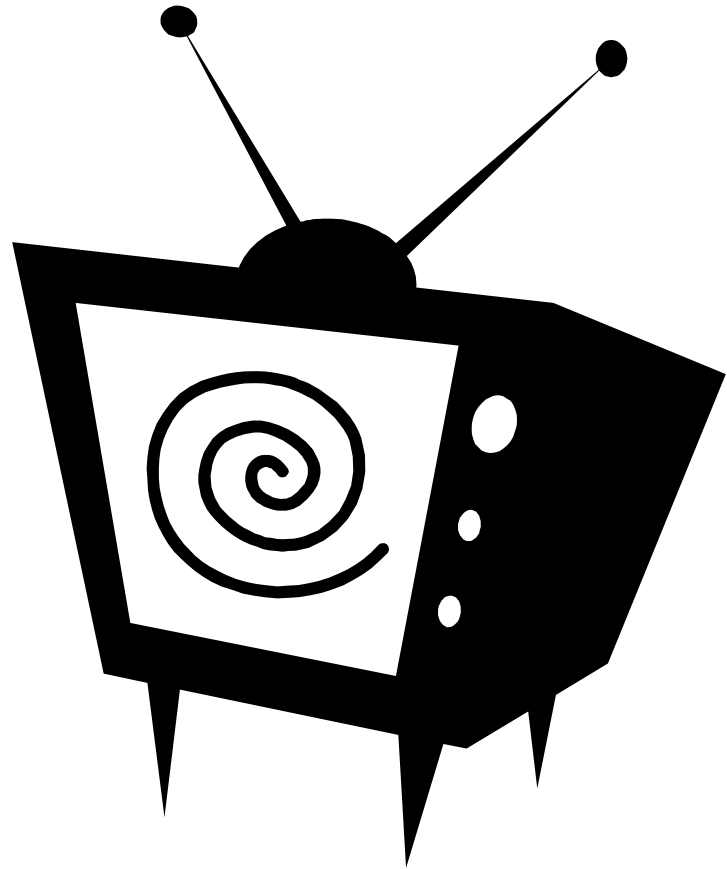


- ▶ If an item is missing upon delivery, the claimant must write a first person statement detailing how they came to know the item was tendered to the carrier.



# Tender Statement

- ▶ If the claimant has damaged electronics, the best proof that the damage is shipping related is external damage.
- ▶ For all damaged electronics/computers, the claimant is required to submit a electronics/computer repair estimate worksheet for each damaged item.



# Other Forms

- ▶ Original Inventory
- ▶ Government Bill of Lading
- ▶ Orders
- ▶ Insurance Claim
- ▶ Electronic/Computer Repair Estimate Worksheet
- ▶ Estimates of repair, receipts, pictures, etc.
- ▶ Insurance statement, settlement or a letter.
- ▶ Copy of POA, if necessary

